

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Cleaver Brooks, a division of
Aqua-Chem
11950 West Lake Park Drive
Milwaukee, WI 53224

07W1064 54C

2. Article Number

(Transfer from service label)

7003 3110 0004 0800 3040

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Carmen McK...

☐ Agent☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

DEC 17 2007

- D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail☐ Express Mail☐ Registered☒ Return Receipt for Merchandise☐ Insured Mail☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes